

Instructions: Request to Modify VacTrAK Users Form

To provide for the most accurate understanding of user accesses, privileges, and permissions, please review the following information prior to filling out the "Request to Modify VacTrAK Users" form.

As the Facility Administrator, you will authorize VacTrAK Support to:

- Create and update VacTrAK User names and passwords for your clinical staff
- Change the VacTrAK access level and permissions of your clinical staff
- Inactivate user accounts for staff that are no longer a part of your organization

Adding Users:

Please print the full name of staff members in your facility that you wish to authorize access to VacTrAK and mark the desired privileges described below. Non-User physicians and clinical staff who are vaccinators only may be added without access privileges. (You only need to list individuals you wish to add, not those already using the system). A middle initial is required to help us create unique usernames. If an individual does not have a middle name, enter N/A.

- Credentials: Post-nominal letters indicating the degree/certificate earned i.e., MD, DO, ANP, RN, LPN, CMA, etc
- **User Privilege** level determines how a user interacts with VacTrAK. There are three available options when assigning user access to the system:
 - View: Users may view patient and vaccination records but cannot edit records. They
 may also print patient-specific reports
 - o Edit: Users may view, add, edit and print patient and vaccination records
 - None: Use this when you want to indicate a physician or vaccinator that is not a system user

• Physician/Vaccinator

- Physician: Indicates the patient's primary care provider. The name will appear under the physician dropdown list on the Patient Demographics page. *Does not have to be a user to be listed as a physician
- Vaccinator: The name will appear on the vaccinator dropdown list on the Administered Vaccine Detail page. *Does not have to be a user to be listed as a vaccinator
- o **Neither:** Check this when the user is neither a physician nor a vaccinator
- Check both the physician and vaccinator if the physician also administers vaccines
- Lot Number Manager Access: (Limited to no more than 2 per facility) Ability to add, update, and inactivate the vaccine lots available at your facility. This permission allows the user to run the state vaccine accountability reports (see *Inventory Quick Reference Guide*)

Changing Users:

This option allows you to make changes to enrolled users you do not wish to remove, e.g. privileges, vaccinator status.

Removing Users:

A user whose employment at your facility has ended must be reported to VacTrAK within 3 business days. Please print the full name of any employee to be removed. The employee's User ID will be made inactive at your facility upon receipt.





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Request to Modify VacTrAK Users

The Facility / IRMS (circle one) listed below requests the following changes to their VacTrAK Users:

For assistance with this form, see instructions above or posted on the VacTrAK website. Credentials User Physician/ Lot Request **First Name** M. Initial **Last Name** (MD, ANP, Privilege Vaccinator Number Type (Required) RN, CMA, (choose (all that apply) Manager etc.) one) □ Add □ View □ Physician □ Yes □ Change □ Edit □ Vaccinator □ No Limited to 2 □ Remove □ Neither □ None □ Add □ View □ Physician ☐ Yes ☐ Change □ Vaccinator □ Edit □ No Limited to 2 □ Remove □ None □ Neither □ View □ Physician □ Add □ Vaccinator □ Change □ Edit □ Remove □ None □ Neither □ View □ Physician □ Add □ Change □ Edit □ Vaccinator □ Remove □ None □ Neither □ View □ Add □ Physician

> □ None Please print just THIS PAGE to add additional users.

□ Edit

□ Vaccinator

□ Neither

I have read the Provider Usage Agreement and Roles and Responsibilities and understand that I am responsible for the actions of the staff listed above. I am responsible to remove users within 3 days of termination of employment or reassignment of duties. I am authorized to accept this responsibility on behalf of my health care facility or organization.

Facility/ IRMS Name	IRMS#
Facility/ IRMS Address	Contact Email
Administrator for VacTrAK (please print)	Administrator Phone Number
Administrator for VacTrAK (signature)	 Date
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□ Change

□ Remove